

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
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39		1					
40		1					
41	1						
42	1						
43	1						
44	1						
45							
46							
47							
48							
49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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